

6/16/2009

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
TN1909(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
6/16/2009

Name of Facility

GOOD SAMARITAN HEALTH AND REHAB CENTER

Street Address, City, State, Zip Code

500 HICKORY HOLLOW TERRACE
ANTIOCH, TN 37013

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix N0767	06/16/2009	ID Prefix N1129	06/16/2009	ID Prefix	
Reg. # 1200-8-6-.06(9)(i)		Reg. # 1200-8-6-.11(2)(a)9.(xx)		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

SP

6/16/09

Jan Priddy

6/16/09

viewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

5/29/2009

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO